

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.	FILING DATE
098115641	03-20-01
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	/					51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7	/						57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15	/						65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26	/						76			
27	/						77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	27						TOTAL DEP.			
TOTAL CLAIMS	33						TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS